

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11207

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 572	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. LENGTH OF STAY (in this place) 33 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION 806 Moffet Avenue				d. STREET ADDRESS (If rural, give location) 806 Moffet Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) Louella c. (Last) CALE				4. DATE OF DEATH (Month) (Day) (Year) December 20, 1950			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH December 11, 1863	
9. AGE (In years last birthday) 87		10. MONTHS Days Hours Min.		11. BIRTHPLACE (State or foreign country) Palmyra, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Louis Osborn				13b. MOTHER'S MAIDEN NAME Margaret Jabe Houson		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roxie R. Cale 806 Moffet Ave. Joplin, Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension Cardiovascular disease. DUE TO (c).  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH 443X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 5, 1950, to Dec 20, 1950, that I last saw the deceased alive on Oct 5, 1950, and that death occurred at 6:10 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Jesse W. Korbely, M.D.				23b. ADDRESS Frisco Bldg		23c. DATE SIGNED 12-21-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 22, 1950		24c. NAME OF CEMETERY OR CREMATORY Sarcosie Cemetery		24d. LOCATION (City, town, or county) (State) Sarcosie, Missouri	
DATE REC'D BY LOCAL REG. 12-22-50		REGISTRAR'S SIGNATURE Ed S. Jorgensen		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mort. Joplin, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 12-26-50  
Jasper County Health Office  
County File Number 50/12/903  
Date Filed 12-26-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed

Charles E. Frey

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4768

P. O. Address

Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.